

Work Order ID 88418

August-02-12 8:59:23 AM

88418

Page 1

Item ID: D3019-1 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Seat Cushion
Start Date: 8/27/12 Start Qty: 4.00 ***4*** Cust Item ID:
Required Date: 8/27/12 Req'd Qty: 4.00 ***4*** Customer:
Reference:

Approvals: Process Plan: MCS Date: 12/08/09 Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3019	B								
100		0.00							
100	PURCHASING								
Purchasing		0.00							
Purchasing	Memo Issue P/O: <u>17655</u> Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning Order: Grade 30-40 (colour green), Density 2.6lb/ft³ Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

CL 12/08/10 (4)

Purp (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> <td style="width: 33%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 88418

August-02-12 8:59:23 AM

88418

Page 2

Item ID: D3019-1

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Seat Cushion

Stop ***NS2***

Start Date: 8/27/12

Start Qty: 4.00

4

Cust Item ID:

Required Date: 8/27/12

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start ***NR1***

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Quality Control

Memo

*****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK
ORDER FOR TRACEABILITY*****

0.00

130

Identify as per dwg & Stock Location: 425

0.00

130

Packaging

Packaging

Memo

0.00

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

(Handwritten signature)

425 / 8 12/9/05

12/9/05

12/9/05

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

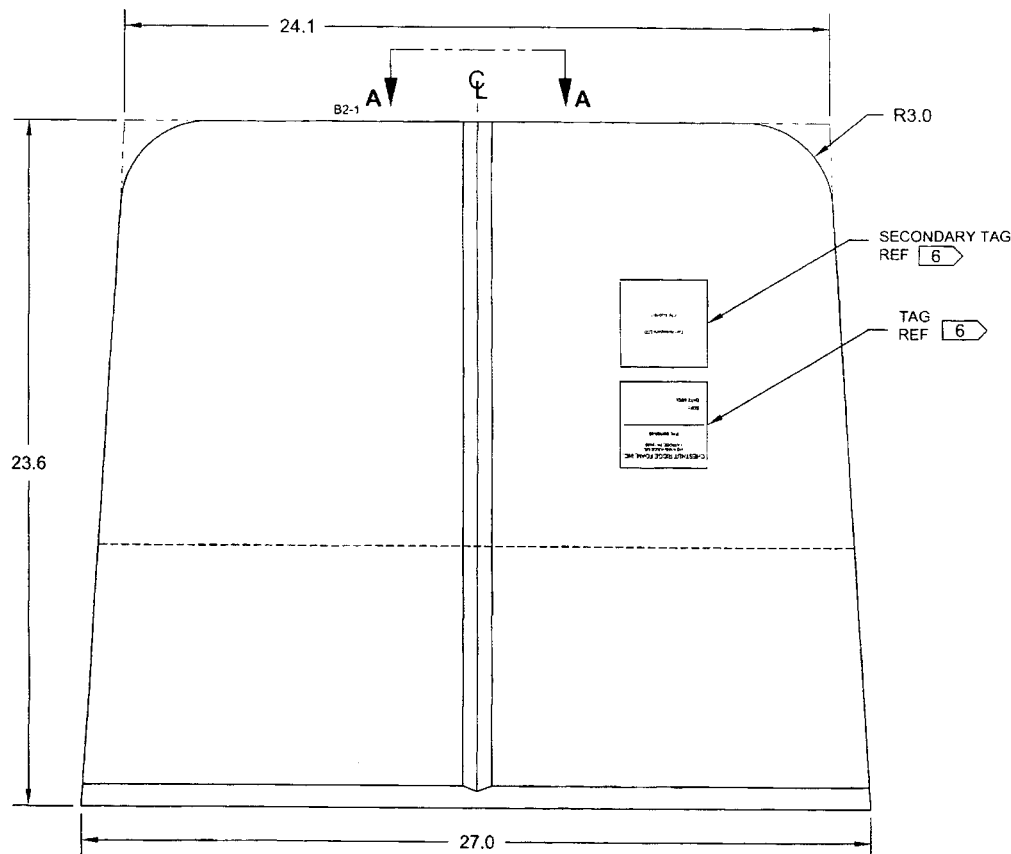
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

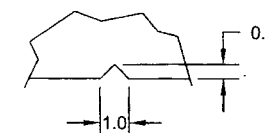
SPECIFICATION CONTROL DRAWING

TABLE 1									
THICKNESS/ HEIGHT	TOLERANCE		LENGTH/ DEPTH	TOLERANCE		WIDTH (LEFT TO RIGHT)	TOLERANCE		
	(+)	(-)		(+)	(-)		(+)	(-)	
0.0 - 0.50	0.05	0.06	0.00 - 6.00	0.06	0.06	0.00 - 6.00	0.06	0.06	
0.51 - 1.00	0.13	0.05	6.01 - 12.00	0.13	0.13	6.01 - 12.00	0.13	0.13	
1.01 - 3.00	0.13	0.06	12.01 - 24.00	0.25	0.25	12.01 - 24.00	0.25	0.25	
3.01 +	0.19	0.13	24.01 +	0.50	0.38	24.01 +	0.50	0.38	



D3019-1 BACK CUSHION

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 88418 MLW
12/08/09



VIEW A-A
D7-1

RELEASED
2011-05-13
AM

NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING
GRADE 30-40 (COLOUR GREEN)
DENSITY 2.6 lb/ft³
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:
CHESTNUT RIDGE FOAM, INC.
443 WAREHOUSE DR.
LATROBE, PA 15650
SO#
DATE MFD:
DART AEROSPACE LTD. P/N D3019-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-586	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN	147		
DRAWN	147		
CHECKED	147		
MFG. APPR.	147		
APPROVED	147		
DE APPR.	147		
DATE	11.05.10		
DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA DRAWING NO. D3019 TITLE BACK CUSHION REV. B SHEET 1 OF 1 SCALE NTS COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO17655**

Purchase Order Date 8/10/12

PO Print Date 8/13/12

Page Number 1 of 1

Order From :

VU-CHE001

CHESTNUT RIDGE FOAM, INC.
PO BOX 6015
HERMITAGE, PA 16148
US

Contact Name

Vendor Phone

724 537 9000

Vendor Fax

724 537 9003

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

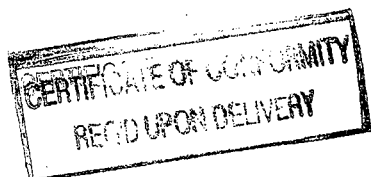
*REMOVED
data*

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3018-1P	Seat Cushion	9/05/12 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
		Special Inst: as per dwg d3018 rev.b B88355 Grade 55.65 (color orange). Density 3.6lb/ft ³ Material must meet FAR 27.85(a) or 25.85(a) Part is symmetric about centerline-All dimensions					
2	D3019-1P	Back cushion	9/05/12 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68

Special Inst: as per dwg d3019 rev. b
B88418
Grade 30-40 (color green). Density 2.6lb/ft³
Material must meet FAR 27.85(a) or
25.85(a)
Part is symmetric about centerline

PO Total:

\$408.16



No substitution or deviation without
consent.

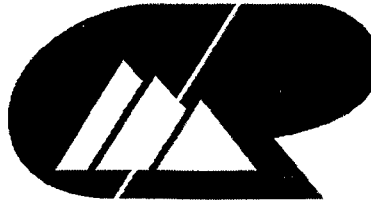
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 2

Change Date: 8/13/12

Chestnut Ridge Foam, Inc.
443 Warehouse Drive
P.O. Box 781
Latrobe PA 15650

Phone: 724-537-9000
Fax: 724-537-9003



Packing Slip: 56795

PACKING SLIP

Page: 1

Ship To:

Fed Exp #1517-9324-0
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

Sold To:

Chantal Lavoie Fax#: 613-632-1053
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PO17655

Ship Via: Fed Exp P1

FOB: Origin

Ship Date: 8/27/2012

SO: 45039

Sales Person: Aircraft

**8-14-12 CHANGE* Ship date changed to 8/28/12*

Customer requests a 8-24-12 ship date.

Certificate of Conformity that all components comply with 14CFR 25.853(a) Vertical Burn with shipment

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	
2	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 661988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



Chestnut Ridge
Foam, Inc.

**"URGENT! FLAMMABILITY CERTIFICATION
ENCLOSED. PLEASE FORWARD TO
PURCHASING. DO NOT THROW AWAY!"**

Certificate of Conformance

SOLD TO:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury
Ontario CANADA K6A1KS

PURCHASE ORDER:

17655

SALES ORDER:

45039

DATE SHIPPED:

08/27/2012

**I certify that the individual components comprising the part shipped
against the above-referenced purchase order meets the following
requirements:**

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF12023
4	D3019-1P	601988-99	AIRFLEX 30-40	AF12031

MADE IN THE U.S.A

Diana L. Hoke

Digitally signed by Diana L. Hoke
DN: cn=Diana L. Hoke, o=Chestnut Ridge Foam,
Inc., ou=Quality Assurance Supervisor,
email=dhoke@chestnutridgefoam.com, c=US
Date: 2012.08.27 06:29:34 -04'00'

❖ P.O. Box 781
❖ 443 Warehouse Drive

Latrobe, PA 15650

**Phone 724-537-9000
Fax 724-537-9003**

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14555
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF12031
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 7-16-12
TIME : 9:00 AM

TEST STARTED : DATE : 7-17-12
TIME : 9:50 AM

RESULTS :

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1	0.0	0.0	2.8
#2	0.0	0.0	3.3
#3	0.0	0.0	3.0
AVG.	0.0	0.0	3.0

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN

Kelly Bures

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14478
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : AIRFLEX
BATCH / LOT NO : AF12023
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 5-14-12
TIME : 10:30 AM

TEST STARTED : DATE : 5-15-12
TIME : 11:10 AM

RESULTS :

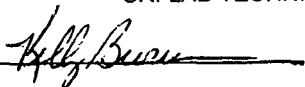
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	6.0
#2.	0.0	0.0	7.1
#3.	0.0	0.0	7.1
AVG.	0.0	0.0	6.7

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14393
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT: FR 4440 FABRIC
BATCH / LOT NO.: 8325
CUSTOMER: PRODUCTION
P.O. NO:
OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC
ON INVOICE #62-113149

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 3-6-12
TIME: 7:00 AM

TEST STARTED: DATE: 3-13-12
TIME: 9:30 AM

	RESULTS: FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.9	3.9
#2.	0.0	0.0	0.0	0.0	4.0	3.7
#3.	0.0	0.0	0.0	0.0	4.0	3.7
AVG.	0.0	0.0	0.0	0.0	4.0	3.8

PASS: X FAIL:

COMMENTS:

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY: KELLY BURES
SR. LAB TECHNICIAN

INVOICE HANES <i>engineered materials</i> HANES ENGINEERED MATERIALS 6601 FINANCIAL SERVICE CO. P.O. BOX 60984 CHARLOTTE, NC 28260																	
CHESTNUT RIDGE FOAM ROUTE 981 NORTH PO BOX 781 LA TROBE, PA 15650	CHESTNUT RIDGE FOAM ROUTE 981 NORTH PO BOX 781 LA TROBE, PA 15650																
INVOICE NUMBER: 62-113149 INVOICE DATE: 3/02/2012 TERMS: NET 30 CARRIER: USF HOLLAND INC ROUTING:	CUSTOMER NO.: 15985 CUSTOMER ORDER NO.: 30402 SLS. MGR. SLSMAN: 65 452 ORDER DATE: 2/28/2012 CONOVER, NC DAY8 BILL OF LADING: S/L 78788 RELEASE #: 010 54348																
<table border="1"> <thead> <tr> <th>PRODUCT</th> <th>QUANTITY</th> <th>UNIT</th> <th>DESCRIPTION</th> <th>PRICE</th> <th>AMOUNT</th> <th>TAX</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>30333</td> <td>40.000</td> <td></td> <td>TICKING PR 4440</td> <td>250.00</td> <td>10000.00</td> <td></td> <td></td> </tr> </tbody> </table>		PRODUCT	QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT	TAX	AMOUNT	30333	40.000		TICKING PR 4440	250.00	10000.00		
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CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.																	
USF HOLLAND INC PRO# 10108597939																	

15985

ORIGINAL

THE LAWS OF THE STATE OF NORTH CAROLINA, CHAPTER 113, SECTION 113.1, REQUIRE THAT ALL INVOICES BE DATED WITHIN 90 DAYS OF THE DATE OF THE TRANSACTION. IF THE INVOICE IS NOT DATED WITHIN 90 DAYS OF THE DATE OF THE TRANSACTION, THE INVOICE SHALL BE VOID.

TOTAL INVOICE

CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.
LATROBE, PA 15650

P/N: 601988-99

SO# : **45039**

DATE MFD: **09/12**



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